

**Oral Translator Request for the Spring 2005 Administration  
Ohio Achievement and Proficiency Tests - Grades 3 through 8  
Languages other than Spanish, Japanese, Russian, Somali, or Arabic**

**School contact information**

School name \_\_\_\_\_ School IRN \_\_\_\_\_  
District name \_\_\_\_\_ District IRN \_\_\_\_\_  
School contact \_\_\_\_\_ Telephone \_\_\_\_\_  
Title \_\_\_\_\_ Email address \_\_\_\_\_  
Address 1 \_\_\_\_\_ Date \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
ZIP Code \_\_\_\_\_

**Complete one entry for each student who needs an oral translation - Copy this page as needed**

Student name \_\_\_\_\_ Student ID # \_\_\_\_\_  
Subject \_\_\_\_\_ Student grade \_\_\_\_\_  
Language \_\_\_\_\_ Do you have an interpreter you can recommend?  
No Yes

Student name \_\_\_\_\_ Student ID # \_\_\_\_\_  
Subject \_\_\_\_\_ Student grade \_\_\_\_\_  
Language \_\_\_\_\_ Do you have an interpreter you can recommend?  
No Yes

Student name \_\_\_\_\_ Student ID # \_\_\_\_\_  
Subject \_\_\_\_\_ Student grade \_\_\_\_\_  
Language \_\_\_\_\_ Do you have an interpreter you can recommend?  
No Yes

**Complete this information for your school and return the page(s) to your district test coordinator.**